

Toward A Philosophy of Aging for Public Health

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The Commissioned Corps of the United States Public Health Service was the object of more accolades from me than any other part of government. To be their Commander-in-Chief was an honor I cherished every minute I had it and to be asked to give this lecture was just icing on the cake. In addition to that, I was permitted to choose my own subject.

After thinking it over for some time, I thought something based on all the things that were happening in the various agencies of the United States Public Health Service on Aging might be summed up at this time under the title of "Toward A Philosophy of Aging for Public Health".

After acknowledging Luther Terry and his role in the Public Health Service, and my debt to him in three phases of my life, I began by acknowledging that everyone I talked with who worked in some aspect of the field of aging, was genuinely concerned for the welfare of America's elderly population and that just about everyone I spoke to came at the subject of aging from a different perspective -- each with value laden data, but each with a different concept of what they hoped to see the government achieve -- both sufficient reasons to choose the title I did. Naturally I didn't mean that we didn't already have sort of a philosophy toward aging, but it was not based on usual public health principles, methodologies, insights, etc. We are used to opportunities for linkage and follow-through, follow-up, cost effective this, and technology intensive that, but here we were dealing with fundamental notions of compassion, public service, and of human decency in the problems of the aged. As a matter of fact, I'm proud of that.

I began the background of such a philosophy by pointing out the usual expectation of old age, the problem of self-fulfilling prophecies, a lack of orderliness to our predictions, the inability of aging folks to keep a pre-conceived schedule.

Attention was also called to the fact that while all the modern technology does make possible certain measures that do prolong life, at least for a time, we lack any neat definitions for these periods of time. We also have different perceptions about the appropriateness of any effort made to prolong the lives of elderly folks in decline. I also pointed out that what was extraordinary care yesterday, is just ordinary care today.

It seemed appropriate discuss cure vs. care, the difference between prolonging life and prolonging the act of dying, retirement of flag officers, and retirement of civilians.

As with many things, the deeper one delves into the subject, the more complicated it gets. I tried to point out we had to worry about the aging process biomedically, biobehaviorally, neurophysiologically, and in reference to cardio-respiratory and musculoskeletal function. Many other disciplines deal with making the aging process what the aging people want that process to be – electronic engineers, metallurgists, architects, interior decorators, lawyers, educators, labor leaders, economists, and others. So, our philosophy of aging as far as public health goes will have to be congruent with the philosophies of these other professions and vocations as well. I'm not sure they are thinking of developing a philosophy in the sense that we were on this occasion: aging, our own, aging of friends and family, aging of society of itself.

My philosophical thoughts ended with the idea that we have made and need to make more progress in seeking the unity of common sense with science.

Body, Mind & Spirit
"Good Years vs. Bad Years"
Informed decision making
Life vs. the act of dying
Ordinary vs. extraordinary management
Organized labor retirement pensions
Over medication of the elderly
Retirement in the military
Social Security Retirement System
Stereotype of age 65
Technology and the prolongation of life
The process of aging
Welfare of American's elderly population

Alcohol, Drug Abuse, & Mental Health
Administration
Dr. Robert Butler
Dr. Hurlbert
National Institute on Aging
Dr. Luther Terry